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6P3662 B

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/847,093
		Filing Date	05/02/2001
		First Named Inventor	HENRY MICHAELS BEISNER
		Group Art Unit	3662
		Examiner Name	BRIAN K. ANDREA
Total Number of Pages in This Submission	3	Attorney Docket Number	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	HENRY MICHAELS BEISNER	
Signature		
Date	07/03/2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class
mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 07/03/2002

Typed or printed name	HENRY MICHAELS BEISNER	
Signature		Date <u>07/03/2002</u>

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PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **200**

Complete if Known

Application Number	09/847,093
Filing Date	05/02/2001
First Named Inventor	HENRY MICHAELS BEISNER
Examiner Name	BRIAN K. ANDREA
Group Art Unit	3662
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity **Small Entity**

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130 Non-English specification	<input type="text"/>
147	2,520	147	2,520 For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55 Extension for reply within first month	<input type="text"/>
116	400	216	200 Extension for reply within second month	<input type="text"/>
117	920	217	460 Extension for reply within third month	<input type="text"/>
118	1,440	218	720 Extension for reply within fourth month	<input type="text"/>
128	1,960	228	980 Extension for reply within fifth month	<input type="text"/>
119	320	219	160 Notice of Appeal	<input type="text"/>
120	320	220	160 Filing a brief in support of an appeal	<input type="text"/>
121	280	221	140 Request for oral hearing	<input type="text"/>
138	1,510	138	1,510 Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55 Petition to revive - unavoidable	<input type="text"/>
141	1,280	241	640 Petition to revive - unintentional	<input type="text"/>
142	1,280	242	640 Utility issue fee (or reissue)	<input type="text"/>
143	460	243	230 Design issue fee	<input type="text"/>
144	620	244	310 Plant issue fee	<input type="text"/>
122	130	122	130 Petitions to the Commissioner	<input type="text"/>
123	50	123	50 Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180 Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	740	279	370 Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900 Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____				

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20** = <input type="text"/>	<input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity **Small Entity**

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

***or number previously paid, if greater; For Reissues, see above*

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	HENRY MICHAELS BEISNER	Registration No. (Attorney/Agent)	Telephone	301-881-3957
Signature			Date	07/03/2002

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